

Records Search Request

Date _____

Property Identification: Please supply as much information as possible. (Subdivision Name, Lot No., Tax Map, Grid, and Parcel numbers can be found on your Tax Assessment Notice.) Any identifying information that you can provide would be helpful (ex: public record notice).

Incomplete property identification may result in incomplete or incorrect information, or longer search times. Searches will be conducted as quickly as time permits.

Environmental Health Bureau
290 S. Center Street
Westminster, Maryland 21157
Phone: 410-876-1884
Fax: 410-876-4430

HEALTH DEPT USE ONLY

Reference No. _____

Date Completed _____

Owner's Name: _____

Street Address: _____

Subdivision Name: _____ Section No. _____ Lot No. _____

Tax Map: _____ Grid: _____ Parcel: _____

Year House Built: _____ Owner when built: _____

Building Permit Number _____ County File No: _____

Well Tag Number: _____ (tag should be attached to well casing)

Note: For some older residences, there may be a metal tag with the file number located near the main sewer line into the house or attached under the kitchen sink. This number will be helpful in locating Health Department records. Our office will not have any record of wells or septic installed before 1955, unless an upgrade or repair was made.

Information Requested:

_____ Well Location _____ Septic Location _____ Perc Results _____ Septic System

_____ Well Yield/Depth _____ Preliminary Plat showing well and septic locations

_____ Other (specify): _____

Information requested by: Name: _____

Address: _____

Email: _____

Phone: _____ Fax: _____